



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Consent for Oral Surgery and Special Dental Procedures  
720\_F31\_7-13

Consent for Oral Surgery and Special Dental Procedures

I, (Offender Name) Burke, Conrad (Offender Number) 1201550  
currently assigned to (Facility) PSOC

Knowing that I require the Dental, Surgical or Special Procedure as follows (describe in layman's terms):  
Extraction (pull) #18 & 19 Molar

I do hereby authorize H. Demaree and anyone that he/she has designated as his/her assistants to perform and to carry out such a procedure. If any unforeseen condition should arise in the course of the procedure calling, in his/her judgment, for procedures in addition to, or different from, the one now contemplated, I further request and authorize him/her to do whatever he/she deems advisable.

The risks involved in the above described procedure include but are not limited to:

- Post-operative discomfort, swelling, bruising and/or bleeding. Post-operative restricted mouth opening. Injury to corner of the mouth.
- Post-operative infection, dry socket, injury to adjacent teeth/fillings, bone splinters, sharp ridges, fractures to jaw.
- Decision to leave root pieces in the jaw/ maxillary sinus when its removal requires extensive surgery or would endanger adjacent structures.
- Opening into the maxillary sinus which may require additional medications and/or surgical procedures.
- Injury to nerve resulting in numbness or tingling of the lip, tongue, gums, etc. that may be temporary or permanent.
- Allergic reaction to drugs administered.

The nature and purpose of the procedure, possible alternatives methods of treatment, the risk involved and the possibility of complications have been fully explained to me.

I consent to the administration of such anesthetics and other medications as may be considered necessary or advisable with the exception of \_\_\_\_\_. The nature and purpose of the anesthetic and the risks involved and the possibility of complications have been explained to me.

I consent to the disposal of, or retention by, the authorities of the Department of Corrections of any tissue, or other material which may be removed during the procedure.

I acknowledge that no guarantees or assurances have been made to me as to the results that may be obtained.

I have read or had explained to me this consent form and I fully understand the above procedure and the risk.

Hepatitis B and C/HIV Testing: According to Virginia law, any patient to whose body fluids a health care worker has been exposed, will be deemed to have consented to Hepatitis B and C/HIV testing.

Offender Signature [Signature] Number 1201550 Date 10-17-18  
Witness Signature [Signature] Date 10/17/18

